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ABSTRACT

This planning guide is divided into two sections. Section I presents a rationale for and definition of outreach for the field of rehabilitation. Section II is a training guide which provides specific information and planning procedures necessary to design and evaluate outreach programs. This section leads the agency management staff through activities to develop competencies related to the following planning steps: (1) design procedures to collect and use prevalence information; (2) use information to identify underserved and overserved disability groups; (3) assess disability group needs using several information resources; (4) use resource assessment information to assess the agency's capacity to provide vocational rehabilitation services; and (5) establish service goals for outreach efforts. (Author/PJC)

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IDENTIFYING AND RECRUITING PRIORITY CLIENTS:

A GUIDE TO PLANNING AND EVALUATION

by

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FOREWORD

This publication is one in the Utilization Series developed by the Rehabilitation Research Institute at The University of Michigan (UM-RRI). All of the publications in this series are designed to provide information for vocational rehabilitation agency management staff which will help them identify and use specific procedures to enhance their planning and evaluation activities.

During FY'78, the UM-RRI conducted a Short-Term Training program funded by the RSA Region V Office for all eight agencies in that region. The training focused on the identified priority need to develop an acceptable working definition of outreach in the field of rehabilitation and procedures for planning and evaluating outreach efforts in state rehabilitation agencies. A special thanks is expressed to the following people who attended the training and contributed to the development of many of the concepts presented in this guide: Robert Struthers, Paul Wright and Curt Eaton, Michigan general agency; Garry Gaeth and William Simon from the Michigan blind agency; John Agnew and John Caprio from the Ohio agency; Gerry Hunter and James Sharp from the Indiana agency; Rhonda Kirkpatrick and Phillip Salisbury from the Illinois agency; Richard Kosmo from the Wisconsin agency; Duane Sermon, Han Chin Liu and August Gehrke from the Minnesota general agency; and Terry Conour and Dale Romesberg from the Region V office.

We hope that use of this guide will support outreach planning efforts in VR agencies throughout the country.

Don K. Harrison, Director
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PREFACE

The UM-RRI is developing a competency-based client outcome program evaluation model for the federal-state vocational rehabilitation program. The rehabilitation system is viewed as a series of components, designed to develop specific outcomes and client competencies. Outreach and referral is one of the system components which should achieve certain outcomes with clients. Outreach is an activity which has been encouraged in rehabilitation as an important procedure for identifying members of specific disability groups and encouraging these potential VR clients to apply for VR services. Specifically, it is viewed as a necessary activity to implement the current legislative emphasis on service to the severely disabled. However, in practice it has been more difficult to find a workable definition of outreach for rehabilitation. This guide is intended to provide both a viable rationale for the use of outreach in rehabilitation and information about specific planning procedures which can be used by state agency management staff to design and evaluate an outreach program.

This publication is divided into two sections. Section I presents a rationale for and definition of outreach for the field of rehabilitation. Section II is a training guide which describes specific information and planning procedures necessary to design and evaluate outreach programs. This section leads the agency management staff through activities to develop competencies related to the following planning steps:

* Design procedures to collect and use prevalence information

* Use prevalence and case service information to identify underserved and overserved disability groups

* Assess specific disability group needs using several information resources

* Use existing resource assessment information to assess the agency's capacity to provide VR services related to identified client needs

* Establish service goals and set goals for outreach efforts to insure achievement of service goals

* Design outreach strategies to achieve service goals

* Design and conduct an evaluation of the effectiveness of outreach strategies

This guide, then, is intended not only to provide information but also to guide agency staff through a planning process which will result in a written plan for an outreach program tailored to the specific needs of that agency. It is intended for use in inservice training of agency personnel. The UM-RRI staff can provide consultation and training in this area. Any agency interested in further training or consultation assistance should contact: Dr. Juliet Miller, Program Director, UM-RRI, School of Education, The University of Michigan, Ann Arbor, MI, 48109, (313) 736-4795.

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SECTION I

RATIONALE FOR USING THE IDENTIFICATION AND RECRUITMENT PROCESS FOR VR AGENCIES

Why Use the Identification and Recruitment Process?

A frequent response to any suggestion about the need to identify and recruit clients for the state-federal vocational rehabilitation (VR) system is, "We already have so many clients that we don't have enough money to serve them all now." In terms of the total number of people seeking service, this may be true. However, having a large number of clients seeking service does not guarantee that the clients served are from federal priority groups, are the most able to benefit from service, or are the most representative of the total eligible VR population. The reason for identifying and recruiting VR priority groups is not only to increase the total number of applications but also to develop and achieve goals for the types of clients to be served.

Identification is the process of using procedures either to estimate or to measure the number, location and needs of specific disability groups within the potential VR population of the agency service area. Information gained from this identification process supports the use of systematic planning procedures which help the agency adapt to changes in federally mandated priorities, detect and respond to fluctuations in specific disability groups, and focus service efforts on clients who are both eligible for service and have a high probability of benefiting from service.

Recruitment involves the use of systematic outreach strategies to encourage clients from identified priority groups to seek VR services. These efforts encourage service to identified priority group clients which results in more equitable services to various disability groups and in early intervention in the rehabilitation process for individuals entering the disability groups.

Better Identification of Client Groups

Planning outreach services requires that the potential VR client group recipients be clearly understood. Who the recipients are and what their needs are will determine what services are offered and how they are delivered. It is important for potential VR clients to know what services are available. Public relations and casefinding are an important part of any service program. Planning and delivering services is a continuous process.

Adaptation to Mandated Client Groups

Public funding in the human services is provided for specified groups. Limited funds require a restriction in the number of people who are considered eligible to receive assistance. When the funding level is high, new groups of eligible clients may be included in a program's mandate. Thus, vocational rehabilitation services were originally available to the physically disabled only. In 1940, the eligible group was expanded to include the mentally retarded and the mentally ill and in 1968 to include those defined as socially handicapped. Even in times

of plenty, the ongoing identification of target groups may be required to include new client groups or group members as eligible.

When funding levels are down, some clients considered eligible in the past may be eliminated and others may be given priority status. In 1973, national restrictions were placed on serving the socially handicapped through the state-federal vocational rehabilitation system, and the severely disabled were identified as having priority status.

At any time, changes in the mandates or the initiation of related human services programs may cause a shift in the goals of vocational rehabilitation. For example, increased emphasis on the Department of Labor Manpower Development and Training Act (MDTA) created overlaps of service between MDTA and vocational rehabilitation for some socially handicapped clients. Evolution of employment and training programs from MDTA to the Comprehensive Employment and Training Act (CETA) coincided with the restrictions in vocational rehabilitation's service to this same client group. Fluctuations in human services programs, of which vocational rehabilitation is only one, can increase the need for flexibility in identifying and recruiting vocational rehabilitation clients.

Changes in the composition and needs of clients eligible for VR services can also occur. Incidence and prevalence rates of health conditions are not constant over time. Unemployment rates change in geographic areas as a result of national and local economic conditions. Without continuous attention to identifying those eligible for vocational rehabilitation services, inequity of service to various disability groups can occur.

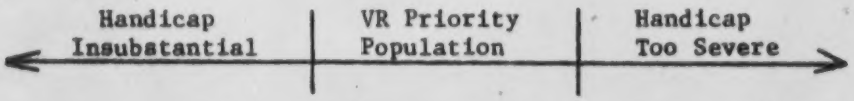
Finally, part of the monies for vocational rehabilitation is approved by each state's legislature. Changes in the funding level occur not only

at the national level but also at the state level. Each state agency can specify groups of clients who will be given priority status within the state's geographical boundaries. Flexible mechanisms for identifying state-identified target groups are thus a necessity.

As these changes in funding levels and definition of eligibility occur, vocational rehabilitation personnel are challenged to alter their service delivery to match the needs of potential clients. Since the changes are continuous, so is the challenge. The ability to respond flexibly to such changes is thus an important challenge for state VR agencies.

Identification of Those Both Eligible and Feasible

To be eligible for VR services, a person must exhibit physical or emotional conditions which prevent or limit employment. To benefit from service, the individual must be capable of improving employment or independence status as the result of being served. At the legislative level, the requirement of a prognosis of improvement in employability results from an effort to use limited funding to produce the largest return (by increased taxes or reduced maintenance payments) on the funding investment. Moriarty (1977) has diagrammed this on a continuum, which shows the priority population for VR in the middle:



At the program level, the application by an individual too far to the right or to the left on this continuum results in increased 08-closures. The acceptance of individuals too far to the right on this continuum results in decreased 26-closures. At the counselor level,

where the concern for 26-closures is often felt most personally, the incentive to select only clients most feasible for services is the greatest. This is sometimes called "creaming" and is usually done to screen out clients with lower probabilities of becoming successfully closed.

The active identification of priority group clients who are both eligible and feasible for VR services is not the same as creaming. Its goal is not to find clients who are most likely to be successful closures, but rather to identify those capable of benefiting from service. Unlike creaming, the goal of identification is to screen in as many individuals as possible while acknowledging the legislative mandate to focus on a priority population of those both eligible and feasible, rather than to screen out individuals to raise rehabilitation rates artificially. Active identification relies on a broad data base for decision-making. It may result in increased numbers of 26-closures, even though it may require that a percentage of closures be 28- or 30-closures in order to give clients as broad a chance for service as possible. It should also result in a decrease in 08-closures.

Active identification and recruitment of those both eligible and feasible requires an accurate identification of the services available for clients both within the VR system and on a vendor basis. When appropriate services are available, the goal is to use identification procedures to improve the match between clients and a service. When appropriate services are not available, the goal is to stimulate the generation of needed services.

Better Recruitment of Client Groups

Recruitment involves the use of systematic outreach strategies to encourage clients from identified priority groups to seek VR services. Outreach has a number of meanings. Berkeley Planning Associates (1977) described outreach as informing potential clients of services to attract them to the agency. A Department of Labor Manpower Program Planning Guide (1974) suggests that it is the process of locating eligible participants and of pre-screening. Manpower training materials by Abernathy and Harris (1977) define it as seeking out and offering manpower services to participants within the community. Morrill, et al (1972) use outreach to refer to all interventions not aimed at the remediation of the individual client by direct counseling services. Others use the term to refer to the attraction of non-traditional, unmotivated clients.

The variety of definitions given to outreach reflects a development of the outreach concept that parallels the extension of crisis intervention into the concerns for primary prevention. Drum and Figler (1973) give four stages of outreach in a continuum from active to passive:

1) The first stage emphasizes increasing the availability and visibility of currently existing direct services. This might be accomplished by placing counselors in satellite locations outside the main agency office, by placing public information displays in well-travelled locations, and by training support personnel in effective referral procedures.
2) The second stage focuses on increasing the quality and diversity of direct services. This might be done through the development or programmed materials and other self-help approaches.

3) The third stage marks a change in focus toward aiding positive growth and development. This change is expressed by the use of value clarification, assertiveness training, and other training to humanize educational processes.

4) The final stage extends assistance to persons before they are aware of their need for help so as to anticipate and prevent problems.

Problems with the Passive Outreach Stance

In the passive stance, the assumption is made that general public information concerning the agency alone will be sufficient to produce representative and appropriate applications for service. The client must approach the agency on his or her own initiative. This approach assumes that all potential clients apply the same meaning to the information they receive about services, have the same resources to use in approaching the agency, and are equally motivated for service.

Motivation of the client has often been seen as a factor that is either present or not, and as a factor that is totally internal to the client. However, motivation, defined as a goal-directed drive, is never absent, although it may not always be focused toward VR services. Potential clients, responding to personal values concerning independence and the reception of assistance, can be goal-directed (motivated) without being interested in services from VR. The task for VR may be to help potential clients see VR services as related to their personal goals.

Furthermore, learning theory's concern with reinforcement suggests that such goal-directed motivation is not totally a function of the individual. Rather, as in other areas, the individual learns to direct

his or her activity toward certain goals as a result of reinforcement given to these actions. This suggests that it is important to reinforce the earliest exploratory activities of potential clients.

The passive approach of waiting for applicants to seek service assumes that all potential clients have the same access to service. The revolution in mental health which resulted in the community mental health movement, however, is based on the famous Hollingshead and Redlich study (1958) which concluded that the poor do not have the same resources for achieving access to services as the propserous. Further work by such researchers as Katz et al (1975) of The University of Michigan Institute for Social Research show that as many as one-third of potential beneficiaries of job-training programs do not use these services. The greatest non-use is among those with a high school education, some job experience, and incomes just above the poverty line. Both of these studies suggest that simply waiting for clients to apply for service may not be sufficient for non-middle class clientele.

Development of More Active Outreach Methods

Increasing awareness that not all potential clients possess the resources to seek services by themselves and that the motivations of clients for service could be increased by actions on the part of service providers encouraged the development of more active outreach methods. A transition was made from processing clients into services to extending services out to the clients. Part of the rationale for this transition was supplied by crisis intervention theory and a concern for preventive treatment.

Crisis Intervention Factors

Crisis intervention theory states that the effectiveness of psychological treatment in life crises is inversely proportional to the size of the time delay before a person receives the intervention. In other words, the shorter the time interval, the more effective the intervention and the less intervention required. A crisis is defined as a psychological disequilibrium in a person who confronts a situation which, for that person, is an important dilemma that can be neither escaped nor solved with that person's customary coping mechanisms (Caplan, 1964).

There are several factors which contribute to increased effectiveness of services which are delivered at the client's crisis point. First, individuals are more receptive to intervention when they are at a point of impending disequilibrium. Motivation for service and the client's response to it is heightened by the possibility that the intervention will be effective in reducing the client's anxiety.

Second, early intervention reduces the amount of service needed if it is provided prior to secondary reactions and developments. There are several reasons for this:

a) In times of stress, an individual first uses customary coping mechanisms. If these fail, the person will then regress to mechanisms that have been effective at earlier stages of development. Such regression lowers the individual's adaption to the issues at hand.

b) The initial condition can generate further difficulties if it is not successfully resolved. In terms of physical health, a client's condition can continue to degenerate. Secondary complications and disabilities can appear. In some cases, this

degeneration makes eventual treatment more complicated. In others, the condition may progress beyond the possibility of effective treatment. In general, such degeneration results in the loss of support mechanisms, thus making treatment more difficult.

c) The situation or the client's responses to it may not be experienced by the individual as completely disagreeable. Some aspects of a partially painful situation may, in fact, be enjoyable. These positive aspects may then generate resistance to the resolution of the original issue. These factors are referred to as secondary gains and are seen in such developments as the assumption of the sick role by clients and/or the reception of Social Security disability benefits. Once these positive aspects of the original negative event occur, they can form powerful disincentives for change.

Crisis intervention theory was described by Lindemann (1944) as a major component in reducing the development of depression in response to grief. It was utilized in treating combat fatigue and war trauma during World War II and the Korean conflict. It has generated increased concern for the grief psychological therapies. It is also a major component in crisis centers for the alleviation of situations ranging from suicide to substance abuse.

The application of crisis theory to vocational rehabilitation has direct application for clients who have experienced traumatic physical injury. For these clients the onset of disability is sudden and unexpected, psychological preparation for the event is minimal, and the effect on the individual is often overwhelming. The similarity between

a trauma and a crisis is thus easy to see. Although crisis theory began by defining crisis from a subjective perspective, an extension of crisis theory has identified issues and times of increased stress that are experienced by all individuals. These critical life events are identified as transitional points in life roles, situations, and behaviors. Marriage, graduation, first employment, the birth of one's first child, and change in health status are examples of these developmental crises. Some of these potentially critical events happen sporadically throughout the general population. Others are more closely tied to the ongoing development of each individual. The extension of crisis theory to both of these types of stressful events has generated a concern not only for planning services which are available when such a crisis occurs, but which are also available prior to the development of these predictable developmental crises.

The early preparation for developmental stress points is called primary prevention according to a model originally formulated by Caplan (1966) and explained by Goodyear (1976). In this model, primary prevention is anticipatory and focuses on counteracting harmful circumstances before they produce dysfunction. Secondary prevention attempts to reduce the duration and severity of newly identified cases through early treatment, while tertiary prevention focuses on the rehabilitation of those with chronic dysfunction. Psychological (affective) education and career development are concerned with primary prevention. Crisis intervention and grief therapy are related to secondary prevention. Vocational rehabilitation has been consistently included as part of tertiary prevention.

Applying crisis intervention, primary prevention, and outreach to vocational rehabilitation services has been hindered by an assumed conflict between the meaning of the terms. There are, however, several ways of viewing crisis intervention, outreach, and primary prevention as integral parts of the rehabilitation process in state VR agencies.

1) Rehabilitation is an accurate description of services for only part of the clients of the VR system, namely those clients who have been employed or homemakers prior to their application for services. Service to the developmentally and severely disabled may not, however, be rehabilitation but rather habilitation. That is, for some state-federal VR clients, the goal will be the acquisition of improved functioning rather than the restoration of previous conditions.
2) The inclusion of vocational rehabilitation in the realm of tertiary prevention refers to the treatment of those emotionally, mentally, or psychiatrically hospitalized. The treatment of the physically or developmentally disabled may not belong in the same level of intervention, but at some earlier level. One of the mechanisms by which emotional difficulties progress to the point of hospitalization is by the loss of support systems, including employment. The provision of VR services earlier in the period of emotional conflict might retain the support system of employment and prevent degeneration in functioning.
3) The application of crisis intervention to VR might be particularly relevant for clients experiencing traumatic physical injury or the rapid onset of a health condition, such as a heart attack.

In these instances, onset of disability is sudden and unexpected, psychological and vocational preparation for the event is minimal, and the effect on the individual is often overwhelming. Trauma sets into motion a grief or loss response, and immediate VR intervention may be appropriate to prevent secondary disabilities and to weaken the development of disincentives to service.

4) The application of primary prevention to VR might be easiest to conceptualize for the developmentally disabled group and to those with gradual and progressively degenerative disabilities. Career development and work adjustment can be initiated long before any need for immediate employment and even before the individual's awareness of eventual need for VR services.

Summary

One of RSA's major sub-goals is recruitment and selection. Identification and recruitment are important processes related to this sub-goal. Identification is the process of using procedures to either estimate or measure the number, location, and needs of specific disability groups within the potential VR population. Information gained from this identification process supports the use of systematic planning procedures which help the agency adapt to changes in federally mandated groups, and focus service efforts on clients who are both eligible for service and have a high probability of benefiting from service.

Recruitment involves the use of systematic outreach strategies to encourage clients from identified priority groups to seek VR services. These efforts encourage service to identified priority group clients

which results in more equitable services to various disability groups and in early intervention in the rehabilitation process for individuals entering the disability groups.

This section has provided a rationale for and clearer definition of the identification and recruitment process. The next section is a comprehensive guide which will help management staff design specific identification and recruitment procedures which are tailored to the needs of their agency.

SECTION II

OVERVIEWING THE IDENTIFICATION AND RECRUITMENT PROCESS

This publication is designed to guide VR agency management staff in the systematic process of identifying and recruiting VR clients. This process can help a VR agency respond to the following needs.

This Planning Process Supports These Agency Needs

* Identify and describe the potential VR population in the agency's service area

* Assess service needs of specific disability groups

* Identify currently underserved and overserved disability groups to assess the extent to which the agency is providing equitable service

* Establish yearly service goals for specific disability groups

* Design and implement outreach strategies to support the achievement of the agency's service goals

* Evaluate the effectiveness of these outreach strategies

What is the Identification and Recruitment Process?

Figure 1 on the following page gives an overview of the identification and recruitment process. Each section of this guide focuses on specific information and procedures which can be used at each stage of the planning

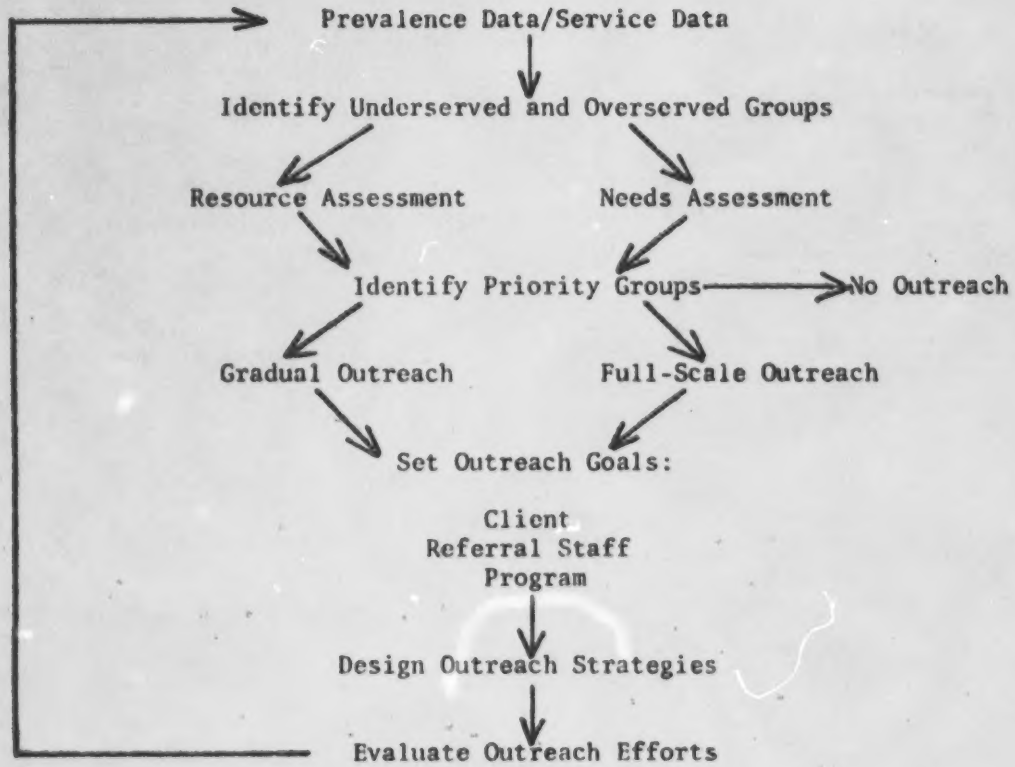


Figure 1. Identifying and recruiting priority VR groups.

process. Use of the guide will assist VR agency management staff to complete the following planning, development, and evaluation tasks systematically.

This Guide Supports Several Planning Tasks

* Design procedures to collect and use prevalence information
* Use prevalence and case service information to identify underserved and overserved disability groups
* Assess specific disability group needs using several information resources
* Use existing resource assessment information to assess the agency's capacity to provide VR services related to identified client needs
* Establish service goals and set goals for outreach efforts to insure achievement of those goals
* Design outreach strategies to achieve service goals
* Design and conduct an evaluation of the effectiveness of outreach strategies

A Planning Activity for Your Agency

The following rating scale describes several purposes for using identification and recruitment procedures in a state VR agency. Read each statement and rate its importance for your agency from 1 to 5 (1 being least important and 5 being most important). Discuss your ratings with other management staff and decide which staff will be involved in designing identification and recruitment procedures for your agency.

	Identification of Shifting Priority Groups	Least Important 1	2	3	4	Most Important 5
1.	To increase the number of severely disabled served and rehabilitated	___	___	___	___	___
2.	To focus services on clients not eligible for other federal or state services	___	___	___	___	___
3.	To identify the most appropriate referral agencies	___	___	___	___	___
4.	To improve the representativeness of clients served to the potential population in need, i.e., to prevent overserved or underserved populations	___	___	___	___	___
5.	To overcome resistance to referral by professional service deliverers in other fields (e.g., physicians)	___	___	___	___	___
	Identification of Eligible and Feasible Clients					
6.	To eliminate creaming practices so that bias and limited experience do not screen out feasible clients, i.e., to screen in those feasible for service but not usually seen as such	___	___	___	___	___
7.	To develop outreach strategies for specific underserved groups of clients	___	___	___	___	___
8.	To maintain and build motivation for service during eligibility determination and plan development, i.e., to reduce 08 closures resulting from client withdrawal	___	___	___	___	___
	Better Recruitment of Client Groups					
9.	To initiate service prior to degeneration or medical complications, i.e., to prevent secondary disabilities	___	___	___	___	___
10.	To initiate service prior to an increase in resistance, i.e., prior to secondary gain and at a time when receptivity to service is highest	___	___	___	___	___
11.	To improve entry to service at the time when the expectations of service are most realistic	___	___	___	___	___
12.	To increase access to the services by the severely disabled and the multi-problem clients	___	___	___	___	___

PREVALENCE INFORMATION

Rehabilitation services are intended for people with disabling health conditions who can benefit from services. Planning rehabilitation service goals requires these types of information.

Information Needed for Planning

* What is the estimated number of potential VR clients in each of several disability groups?

* What are the specific service needs of these disability groups?

* What resources does vocational rehabilitation have to respond to the needs of these disability groups?

Three types of information are needed to support the development of rehabilitation service goals: (1) prevalence information about the number and types of potential VR clients; (2) needs assessment information about the actual service needs of potential clients; and (3) resource assessment information about available rehabilitation services to respond to client needs.

Criteria for Useful Prevalence Information

Prevalence information which gives accurate estimates of the potential VR population is essential for planning. There are several factors which need to be considered when designing the methods used to obtain prevalence information.

What Staff and Money Resources Are Required?

* Prevalence information can be based on existing national data (estimated) or on locally collected data (measured). Measured prevalence information requires some type of survey of the state which the agency serves, whereas,

What Staff and Money Resources Are Required?

estimated information does not. Measured prevalence information, therefore, requires greater resources in terms of staff time and costs.

Is the Information Current and Accurate?

* The potential rehabilitation population changes over time as new individuals enter or leave disability groups, the incidence of disability in various groups changes, and members of disability groups move geographically. If valid service goals are to be set, prevalence information should be as current and accurate as possible. Measured prevalence information is usually more accurate and more current than estimated information. It is more accurate because it is based on data collected within the state served by the agency, whereas estimated information is based on national data. It is more current if collected periodically (e.g., every five years) since estimated information is based on information such as US Census Data which is collected at longer time intervals.

Does the Information Identify Specific Groups by Geographic Area?

* The more specific the prevalence information is, the more useful it is in setting service goals. Some questions related to specificity are: Does the information distinguish between all people who have a health condition and those for whom the condition is disabling? Does the information account for individuals who have more than one disabling health condition? Does the information give numbers of disability types for local areas within the state? In general, measured prevalence information answers these questions more precisely than estimated information.

Is the Information Compatible with Other Agency Planning Information

* To set service goals, prevalence information is analyzed in relationship to existing case service and resource information. Therefore, it is important to consider the following questions: Do the disability group categories used in prevalence data parallel the categories used in case record data? Do prevalence data indicate whether an individual will benefit from existing services? Do they describe functional limitations which can be related to available agency services? Again, measured prevalence information can answer these questions better than estimated information.

Measuring Prevalence Information

Since prevalence information is required for federal reporting as well as for state agency planning activities, all state agencies, at least initially, have used some technique of estimating the potential VR population in their target area. These techniques are based on data from such sources as US Census data or data from the National Health Survey. Although estimating is a low-cost method of determining prevalence information, it does have problems related to the criteria of currentness, accuracy, specificity, and compatibility with other planning data.

Because of the advantages of measured prevalence data, it is important to consider the feasibility of conducting a prevalence survey. Here are some examples of studies which have been conducted by state agencies.

Ohio Used Trained Volunteer Interviewers To Reduce Cost

* The Ohio Rehabilitation Services Commission conducted a statewide telephone survey to obtain information about the incidence and prevalence of disabilities for each county in the state. Telephone numbers were selected at random to complete 12,500 interviews. The survey questions were brief but provided information about all members of the household (40,000 Ohioans). The survey not only provided planning information but provided public education about the availability of services. It was completed at moderate cost because graduate students were trained to be interviewers.

Minnesota Cooperated with Other Agencies within the State to Conduct a Survey

* A number of state agencies in Minnesota cooperated on a statewide survey which identified the non-institutionalized disabled and described this population in terms of how their disability limits their ability to function in today's society. A statewide sample frame which samples housing units was developed along with a detailed survey form containing questions important for all cooperating agencies. Interviews were conducted in 2,335 households. The results provide valid estimates of the non-institutionalized disabled population, identify types of functional limitations of the population, and describe major unmet needs of the population.

Factors to Consider in Designing Prevalence Studies

There are many methods which can be used to conduct prevalence surveys. Broad questions which need to be considered are:

Questions to Answer

* Who will use the information?

* What information will be collected?

* How will the information be collected?

Questions to Answer

* What sample will be used?

* Who will collect the information?

Who will use the information? Two options are possible. The information can be collected solely for the use of the VR agency or it can be shared with other agencies within the state. Cooperative efforts meet the planning information needs of several groups and can reduce costs. However, it may be difficult to gain the cooperation of other agencies and to gain agreement on what types of information should be collected.

What information will be collected? This is one of the most important design questions. Information can be collected on the incidence of specific health conditions, on the specific functional limitations resulting from these conditions, and on the needs for service resulting from these conditions. Prevalence information is most useful when it describes functional limitations and services needed. This information is needed to identify groups who can benefit from service.

How will the information be collected? Prevalence information can be collected using written questionnaires, phone interviews, or household visit interviews. While the use of written questionnaires is the least expensive, phone or household interviews provide more complete and accurate information. These latter methods also have greater public relations value since interviews can also be used to describe available VR services.

What sample will be used? Selection of the survey sample is important and should consider sample size, sampling information source, and coverage of various VR service districts. Many states work with survey research groups to develop a sampling frame which can be used again in future surveys.

Who will collect the information? Personnel time required to collect survey information is the most costly aspect of prevalence studies. Three options are the use of agency staff, the use of low cost/volunteer staff, and the use of a private survey research group. The least attractive of these options is the use of agency staff because of the large amount of time required.

A Tentative Plan for Your Agency

Before deciding whether or not it is feasible to conduct a prevalence survey in your agency, it will be helpful to complete the "Prevalence Study Plan" on page 33. To complete the form, review the options listed below and explore these options with your own agency, other agencies within your state, private survey research groups, and rehabilitation training programs. Evaluate the options in terms of minimal cost, reasonable use of agency staff time, and maximum quality and usefulness of information.

1. Who will use the information?

   VR agency only

   VR agency plus other agencies in state

2. What information will be collected?

   Incidence of health condition

   Functional limitations

   Needs for service

   Knowledge of VR services

   Interest in VR services

   Other

3. How will information be collected?

   Written questionnaire

   Phone interview

   Household interview

   Other

4. What sample will be used?

   Size

   Sampling source

   Coverage of service areas

   Other

5. Who will collect the information?

   Agency staff

   Low cost/volunteer interviewers

   Private survey research group

   Other

PREVALENCE STUDY PLAN

1. Who will use the information?

2. What information will be collected?

3. How will the information be collected?

4. What sample will be used?

5. Who will collect the information?

6. What agency staff and money resources are available for the study?

IDENTIFYING UNDERSERVED AND OVERSERVED DISABILITY GROUPS

In-depth information about client needs and the availability of VR resources to meet those needs is crucial to setting recruitment goals. However, analysis of the extent to which specific disability groups are actually being served when compared to the prevalence of those disability group members in the total potential VR population provides a starting point for developing specific needs and resource assessment plans.

A Method for Identifying Underserved Disability Groups

There are a variety of methods for comparing incidence/prevalence information to actual case service information. This example was developed by Agnew (1978) for identifying underserved and overserved disability groups in the Ohio Rehabilitation Services Commission. The method relies on the following data:

Information Used to Identify Underserved

* An estimate of total number of clients to be served by the agency during the fiscal year
* The percentage of potential clients from any specific disability group found in the total potential VR population (prevalence data)
* The number of clients from any specific disability group being served at the beginning of the fiscal year

Information Used to Identify Underserved

* The expected number of clients from any specific disability group who will be referred to the agency during this fiscal year based on previous referral experience

* The percent of clients from any specific disability group who enter service when referred based on previous referral information

The data in Table 1 indicate the number of members in each disability group who need to be recruited if actual service rates are to be comparable to the incidence of the disability group in the total VR potential population. The number is calculated as follows.

1. An estimated total client served goal is established for the year (46,000)

2. That number is multiplied by the percent incidence of a given disability group in the total potential VR population to establish an equitable service goal for that disability group for the year (Group 10: 0.79 x 46,000 = 363)

3. The total number of active cases at the beginning of the year for that disability group is counted (Group 10: 209 active cases)

4. The expected number of new referrals and the percent of those referrals who are accepted for service are calculated based on data from previous years (Group 10: 150 expected referrals during the year x 76% expected applications for service rate = 114 new cases during the year)

5. The recruitment goal for the year is computed by analyzing the difference between the expected number served from the disability group during the year (Group 10: 209 active cases + 114 expected new cases = 323) and the equitable service goal for the group (Group 10: 363 served during the year). In this case, the recruitment goal is 52 referrals resulting from outreach efforts so that, if 76% of the number actually apply, 40 additional new clients will be served (Group 10: 323 expected without outreach + 40 due to outreach = 363 service goals for the year)

Table 1

IDENTIFICATION OF RECRUITMENT GOALS FOR FISCAL YEAR

Disability Group	Incidence in VR Population	FY Service Goal	In Service Start FY	Expected Referrals	% Referrals Who Apply	Recruitment Goal for FY
10	0.79	363	209	150	.76	52
11	0.92	423	1985	2100	.68	-4397
12	0.79	363	234	260	.72	- 80
13	1.61	740	469	580	.71	- 198
14	2.64	1214	536	700	.69	283
20	0.73	338	342	335	.77	- 340
21	1.76	810	488	480	.78	- 67
22	3.80	1748	870	880	.78	246
30,31	10.32	4747	1207	960	.71	4025
32,33	3.28	1509	622	625	.71	624
34,35	3.49	1605	1094	1200	.72	- 490
36,37	9.50	4370	2422	2500	.71	244
38,39	11.75	5405	4214	4800	.66	-2995
40	0.19	87	38	45	.66	29
41	0.19	87	25	30	.66	64
42	0.47	216	189	190	.74	- 154
43	1.01	465	530	500	.89	- 573
44	0.19	87	140	155	.74	- 226
60	2.77	1275	135	120	.59	1812
61	6.61	3041	1152	1100	.75	1419
62	0.41	189	189	220	.73	- 220
63	2.87	1320	1177	1120	.74	- 925
64	23.76	10930	1353	2000	.61	13700
65	5.47	2516	365	550	.57	3224
66	1.63	750	388	500	.69	25
67	1.39	639	224	250	.77	289
68	0.37	170	382	340	.80	- 605
69	1.29	593	858	1100	.57	1564
	100.00	46000 (S_G)	21837	23790		

How Useful Is This Technique?

While not all agencies will have the data needed to use this particular method of identifying underserved and overserved groups, some type of comparison of incidence/prevalence data to actual case service data is an essential first step in planning VR service goals to insure equitable services to various disability groups and to monitor federal and state priorities for specific groups such as the severely handicapped.

It is important to use this technique in combination with other planning data. Identifying underserved and overserved groups through the comparison of incidence/prevalence data to actual case service data provides a broad indicator of the match between these two. Before specific service goals are finalized, it is important to consider other questions such as:

Comparison of Prevalence Data to Actual Case Data Needs to be Combined with Other Information

* Are potential clients actually interested in obtaining VR services?
* How successful is VR currently in rehabilitating specific disability groups?
* What are the average service costs for specific disability groups?
* What are the prevailing service needs of specific disability groups?
* What resources does VR currently have to serve specific disability groups?

Several of these questions can be addressed through needs assessment procedures which provide information about the specific needs of various

disability groups and resource assessment techniques which indicate the capacity of VR to provide services to respond to these needs.

ASSESSING NEEDS

The goal of needs assessment is to provide information to better understand the unique needs of VR target groups for use in designing more effective and efficient services for these groups. A variety of data sources and procedures can be used to obtain needs information.

Conducting a Needs Assessment Study

There are a variety of techniques which can be used to identify client needs. Some of these techniques require the collection of additional data, while others rely on existing case record information. Broad questions which need to be considered are:

Questions to Answer

* What type of information will be used?
* How will the information be collected?
* Who will provide the information?

What type of information will be used? There are two broad types of needs assessment information. First, there is perceived needs information which indicates the importance which various groups, e.g., clients, referral sources, consumer groups, etc., attached to broad needs areas. This information clarifies the expectations which various groups have for service. A second type of needs information is the actual measurement of client competencies in various needs areas derived from data sources

such as vocational evaluation. Both perceived and measured needs data are useful for clarifying the service needs of various disability groups.

How will the information be collected? There are many methods for collecting needs information. Information about perceived needs can be collected, using interviews (either individual or group), questionnaires, rating scales or card sort techniques. It is important that the technique requires the respondent to prioritize needs in terms of their importance in vocational rehabilitation. Information about measured needs is usually obtained from existing vocational evaluation data and from other case record information.

Who will provide the needs assessment information? Needs data can be collected from a variety of groups including current and former VR clients, other members of the disability group, advocate groups, referral source staff, rehabilitation facility staff, and agency staff. When collecting perceived needs information, it is helpful to seek information from a number of groups so that differences in perceptions can be identified and considered when designing services.

Perceived Needs Assessment

This is an example of a possible format for a perceived needs assessment questionnaire. It can be used for any specific disability group or for the total severely disabled population. It is presented to suggest the types of needs which might be addressed in this type of survey.

The following is a list of client goals which might be supported through VR services. Rate these according to (1) how strong is the need of each of these for the severely disabled population; and (2) how appropriate it is for VR to support services to reduce the need?

Need	Very Important 5	4	3	2	Not Important 1
1. Increase physical capability (use of limbs; verbal, hearing, and communication ability)	___	___	___	___	___
2. Increase mobility (availability and use of transportation)	___	___	___	___	___
3. Increase home management skills (household maintenance, repair, financial management, consumer skills)	___	___	___	___	___
4. Increase child/family care skills (safety, health, psychological support)	___	___	___	___	___
5. Increase family/friendship support system (family financial resources, understanding of client goals)	___	___	___	___	___
6. Increase citizenship skills (awareness of laws, voting, rights of handicapped)	___	___	___	___	___
7. Increase ability to utilize recreational and leisure opportunities (know programs and facilities, participate in acttivities)	___	___	___	___	___
8. Increase understanding of self (awareness of interests, abilities, needs, and physical capabilities)	___	___	___	___	___
9. Increase self-confidence and esteem (feel hopeful about future, see self in positive light)	___	___	___	___	___
10. Increase interpersonal skills (how to listen and respond, make friendships, relate to different types of people)	___	___	___	___	___

Need	Very Important 5	4	3	2	Not Important 1
11. Increase decision making skills (identify decisions, seek information, and make, implement, and review decisions)	___	___	___	___	___
12. Increase knowledge of occupational options (understand occupational groups, occupational requirements, work site modifications, changes in occupational opportunities)	___	___	___	___	___
13. Increase capacity to set appropriate occupational goals (consider skills, interests, capabilities, values)	___	___	___	___	___
14. Increase appropriateness of work behaviors (follow directions, accept supervision, attendance, working with others)	___	___	___	___	___
15. Increase functioning in basic skills areas (communications, reading and math skills)	___	___	___	___	___
16. Increase specific job skills necessary for placement in occupational goal area	___	___	___	___	___
17. Increase employability skills needed to seek, secure, and maintain employment (job application, interviewing, and adjustment to work situation)	___	___	___	___	___

A Tentative Plan for Your Agency

Based on a comparison of your incidence/prevalence data and your case service data, you can identify several disability groups with appear to be underserved. Before making any decisions about whether these groups will become priority groups for your agency, it will be helpful to collect further information about the service needs of these groups. The "Needs Assessment Plan" of page 47 will guide your needs assessment efforts. Use the following guidelines to develop your plan.

Type of Information

* Try to obtain information which describes both perceived needs and actual measured needs. Perceived needs information will help you understand the expectations which various groups have for VR services, and measured needs information will help identify specific service goals.

Method Used to Collect Information

* Collect both opinion data (questionnaire, interviews, rating scales) and objective data (case records, evaluation data). Be sure to use some method for prioritizing needs since some needs are more important than others. This will help determine which services are most important to successful rehabilitation.

Select Who Will Provide the Information

* Collect needs information from several different sources including, if possible, members of the disability group, former clients, agency staff, referral agency staff, and facility staff. The use of information from several groups will result in a more comprehensive picture of needs and will indicate areas of disagreement which may impact on the success of services.

NEEDS ASSESSMENT PLAN

1. What needs areas will be assessed? (Refer to the "Perceived Needs Assessment Study" page 43 for broad needs areas)

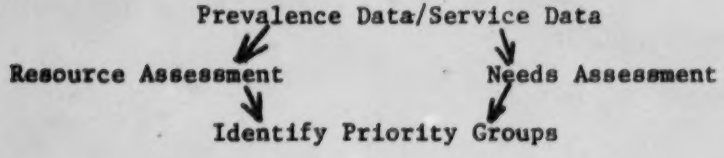
2. What type of information will be used? (perceived needs, measured needs, both)

3. How will the information be collected? (interviews, questionnaires, rating scales, evaluation data, case record information, other)

4. Who will provide the information? (current or former VR client, other members of the disability group, client advocate groups, referral source staff, facility staff, agency staff, other)

ASSESSING RESOURCES

While needs assessment provides information about the unique needs of various disability groups, resource assessment provides information about the availability of VR services to respond to these identified needs. Resource assessment information provides a final input needed to make management decisions about agency service goals for priority groups. As was mentioned earlier, decisions about the establishment of priority groups and outreach efforts to recruit members of priority groups to VR



services are based on several data sources. Prevalence data compared to service data indicates disability groups which may be underserved or overserved. In-depth needs assessment of underserved groups provides further information about the specific service needs of each disability group. Finally, resource assessment information is needed to determine the extent to which the agency has the service resources to respond to identified client needs.

Resource Assessment Information

Resource assessment information is usually collected by agencies as a result of facilities planning efforts. Also, information is usually

available about the types of services provided by units within the agency. Resource assessment information provides a listing of facilities and units within the VR agency, and inventories the types of services each provides. Typical VR services which are included in these resource assessments are listed in Figure 2.

Extended Employment
Homebound Work Activities
Job Placement
Job Readiness
Medical Evaluation
Medical Management
Occupational Therapy
Personal Adjustment Training
Physical Therapy
Prevocational Evaluation
Psychological Services
Remedial Education
Social Services
Speech and Hearing Services
Transitional Employment
Vocational Counseling
Vocational Evaluation
Work Adjustment Training

Figure 2. Types of rehabilitation services.

Since this information is available, the main goal of resource assessment is to analyze existing resource information in relationship to needs assessment information to determine the extent to which there are resources which provide services to respond to the priority needs of specific underserved disability groups.

Linking Resources to Needs

The "Resource Assessment Form" found on page 53 provides a structured approach to analyzing the capacity of the VR agency to respond to the priority needs of specific disability groups. Use of this form by a management team can organize information needed to make decisions about service goals for specific disability groups. It is suggested that the following procedures be used in this planning activity. Completion of these procedures will result in comprehensive information needed for determining agency service goals and for setting goals for outreach programs.

Select a Management Team

* The planning activity should be completed by a management team which includes such agency personnel as program planning, program evaluation, program development and facility planning staff. Other resource people who can either be included on the team or contacted by the team might include VR clients belonging to the disability group, field staff, facility staff, and referral agency staff.

Data Resources Needed by the Team

* The team needs the following data resources: (1) comparison of incidence/prevalence data to case service data, (2) rehabilitation rates for the disability group, (3) average cost per rehabilitation for the disability group, (4) prioritized needs for the disability group derived from various needs assessment sources, and (5) inventory of services provided by resources available both within and outside the agency.

Relate Service Resources to Priority Needs

* Using both the available data and the expert knowledge of team members, list priority needs for the disability group and relate VR services to those needs. Rate the availability of services as high, middle, or low, and record comments to clarify the rating. For example, service might be low if it is available in one experimental program in the state; middle if it is available in a few but not all service districts; and high if it is generally available throughout the state.

Complete Resource Form for Each Underserved Group

* This form can be completed for several disability groups. The team should complete a form for each underserved group which is being considered as a potential VR priority group.

This "Resource Assessment Form" organizes the information needed to establish service goals for specific disability groups. The next step in the planning process, goal setting, is described in the next section of this guide.

RESOURCE ASSESSMENT FORM

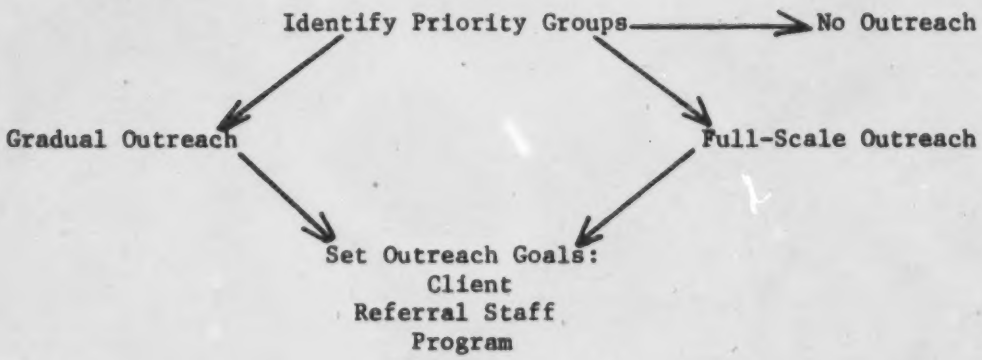
Disability Group_____ Rehabilitation Rate_____ Cost/Rehabilitation_____

Priority Needs	VR Services	Availability			Comments
		Hi	Middle	Low	

53

SETTING OUTREACH GOALS

Once needs and resource assessment have been completed, priority groups can be identified and service goals for these groups developed. These service goals will determine the level of outreach effort and the goals of outreach activities.



Establish Agency Service Goals

The comparison of needs assessment information to resource assessment information for specific disability groups provides planning information needed to establish agency service goals. Final decisions about yearly service goals for specific disability groups is individualized for each rehabilitation agency. These decisions are usually made by agency management personnel including agency directors, program planners, evaluators and developers, facility planning staff, and area supervisory staff. The decision is influenced by some combination of the following factors.

* Equity of service

* Service needs of specific disability group members

* Services available to meet the needs of each group

Factors Influencing Service Goals

* Agency personnel resources

* Facility resources

* Other agency resources

* Federal emphases

* Other societal factors

The Need for Outreach

The established agency service goals will determine the disability group which will be contacted through outreach activities and the level of outreach effort for each group. Three basic levels of outreach effort are possible.

* No Outreach - No outreach at the present time because there is a need to develop services to adequately meet the needs of the disability group.

Three Levels of Outreach Effort Are Possible

* Gradual Outreach - Services are available but on some limited basis, e.g., specific geographic region or facility setting. Therefore, for the present time, outreach efforts will be limited to potential clients within the key service area.

Three Levels of Outreach Effort Are Possible

* Full-Scale Outreach - Vocational rehabilitation has comprehensive services to respond to the needs of the disability group. A major outreach effort will be conducted to recruit members of the disability group in all areas of the state.

Three Broad Areas of Outreach Goals

The goals of outreach efforts can include three broad goal areas: client goals, referral agency staff goals, and overall VR program goals.

* Client goals include specific attitudes, knowledge, and skills which potential clients obtain as a result of outreach efforts.

Outreach Goal Areas

* Referral staff goals include specific attitudes, knowledge, and skills which referral agency staff obtain as a result of outreach efforts.

* VR Program goals include specific indicators of the effectiveness and efficiency of the outreach efforts.

Specific Client Outreach Goals

As a result of the outreach effort, the client will:

1. Have an accurate knowledge of VR services
2. Have an accurate knowledge of VR eligibility requirements
3. Have an accurate knowledge of VR eligibility procedures
4. Know whether he/she is a member of a VR priority group
5. Develop commitment to completing VR eligibility determination procedures
6. Be motivated to seek VR services
7. Be motivated to seek further information about VR services

8. Accept his/her disability as an aspect of self
9. Have a personal goal of independent functioning
10. View employment as a feasible goal for self
11. Be aware of the cost (time and effort) required to participate in VR services
12. Be aware of possible barriers to employment (both self and environmental)
13. Be able to deal with others' reactions to his/her disability
14. Be able to assert self to meet individual needs

Specific Referral Staff Goals

As a result of the outreach effort, the referral agency staff members will:

1. Have an accurate knowledge of VR services
2. Have an accurate knowledge of VR eligibility requirements
3. Have an accurate knowledge of VR eligibility procedures
4. Be able to specify VR priority groups
5. Be able to identify priority group members for referral to VR
6. Provide active support of potential clients in their effort to seek VR services
7. Know the phone number of the local VR office
8. Know the name of the contact person at the local VR office
9. Use procedures to reduce the client's anxiety about applying for VR services
10. Use procedures to motivate the client to seek employment

Specific VR Program Goals

As a result of outreach efforts, the following program indicators will increase:

1. Number of people reached in outreach efforts
2. Number of people who apply in response to outreach efforts
3. Number of people who apply and later are ruled eligible as a result of outreach efforts
4. Number of referral sources informed
5. Number of referrals from informed referral sources
6. Number of referrals from informed referral sources who are ruled eligible
7. Number of referral sources reached who service a large number of clients from VR priority groups
8. Number of clients reached with low probability of referral from other agency (referral source)
9. Number of newly disabled reached
10. Percent of clients who seek service due to outreach efforts who are members of a VR priority group
11. Outreach cost per applicant
12. Outreach cost per priority group applicant
13. Outreach cost per applicant ruled eligible

Tentative Outreach Goals for Your Agency

Although your agency may be considering several outreach efforts to various disability groups or referral agencies, it will be helpful if you select one outreach effort for planning purposes. The "Outreach Goal Setting Form" on page 61 will guide your goal setting activity.

Select Disability Group * Select the disability group which will be the focus of your outreach effort.

Indicate the Level of Outreach Effort

* Based on your service goal for this disability group, determine whether this outreach effort will be gradual (limited to a specific geographic area, referral source, or sub-group of the disability group) or full-scale (targeted to all potential VR clients from the disability group throughout the state).

Identify Key Referral Sources

* Identify key referral sources which make high numbers of referrals to VR from the selected disability group. You may select only one referral source if you have limited recruitment goals or several referral sources if you have a high recruitment goal.

Select Appropriate Outreach Goals

* Select appropriate goals which describe the outcomes you wish to achieve through your outreach effort. You will definitely want to select client goals and program goals. Select referral agency staff goals only if a major intent of your outreach effort is to increase the number of referrals from key referral agencies. You may use the goals listed earlier in this section or develop new goals.

OUTREACH GOAL SETTING FORM

Disability Group:_____

Level of Outreach: Gradual _____

Full-Scale _____

Referral sources which have high contact with disability group:

_____

_____

_____

Client Goals:

Referral Agency Staff Goals:

Program Indicators:

DESIGNING OUTREACH STRATEGIES

Once service goals and outreach goals for specific disability groups have been developed, it is necessary to select outreach strategies to achieve the stated goals. As was mentioned in the "Rationale" section, outreach can be viewed on a continuum from passive (public relations with no change in services) to active (early, direct intervention before the onset of secondary disabilities). Figure 3 shows four stages of outreach on an passive-active continuum. Drum and Figler (1973)

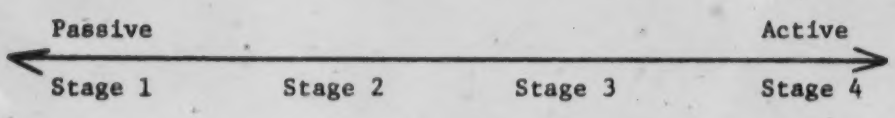


Figure 3. Stages of outreach

have described the four stages this way:

Stage 1

* Stage one emphasizes increasing the availability and visibility of already existing direct services. This might include placing counselors in satellite locations outside the main agency office, placing displays in well-traveled locations, and training support personnel in effective referral procedures.

Stage 2

* Stage two focuses on increasing the quality and diversity of direct services. This might be done through the development of programmed materials or other self-help approaches.

Stage 3

* Stage three marks a change in focus to aiding positive growth and development. This change includes the use of value clarification, assertiveness training, and other training to humanize educational processes.

Stage 4

* Stage four is the extension of assistance to persons prior to the awareness of the need for help. The goal is to anticipate and prevent problems from occurring.

Stages one and two are closer to the traditional understanding of public relations campaigns and casefinding procedures. Stages three and four are active procedures of communicating with clients prior to their full awareness of the need for VR services.

In addition to this passive-active dimension, there are several other decisions which need to be considered when designing outreach strategies.

Questions to Answer When Designing Outreach Activities

* Are the target group members aware of their need for VR services?
* Where will the outreach activity occur?
* Who will conduct the outreach activity?
* What type of communication will be used in the outreach activity?

Awareness of Need for VR Service

Potential VR clients will have various levels in their awareness of the need for VR services.

* The client may have a high awareness of the need for services, e.g., current unemployment or lack of money due to his/her disability may provide motivation to seek service.

* The client may have a moderately high awareness of the need for VR services, e.g., due to a recent traumatic injury, the potential client realizes the need to use VR services in the near future.

Five Levels of Client Awareness of Need for Service

* The client may have a moderate awareness of the need for VR services, e.g., the potential client is only vaguely aware of dissatisfaction with his/her current work adjustment but has not identified VR service as a source of help.

* The client may have a moderately low awareness of the need for service, e.g., the developmentally disabled may have some frustration over underemployment without having translated this frustration into a search for service.

* The client may have a low awareness of the need for service, e.g., the client with a hidden disability may not realize the possible impact of the disability on his/her future employment success.

Potential clients at the higher levels of awareness of need for VR services are more likely to seek out VR services on their own once they are aware that VR exists and that the services provided are open to them. Outreach services to these potential clients can be at the passive end of the continuum. However, potential clients at the lower level of awareness of need for VR services will not readily seek services even

if they are familiar with the nature of VR services. Outreach to these potential clients will need to be more active.

The Setting of Outreach Activities

A major purpose of outreach activities is to increase the accessability of VR services to potential clients. Therefore, one consideration in designing outreach activities is the location where these services will occur. Three possible options are in the local VR office, in a specially created satellite office, and directly in the natural environment of the potential client.

Three Possible Settings for Outreach

* Centering outreach activities in the existing local office is a passive strategy since the potential client must be motivated enough to make an effort to go to the office for information about VR services.

* Centering outreach activities in satellite offices (located in institutions, in mobile units, in local neighborhoods, etc.) is a more active stance which brings VR services closer to clients, thus requiring less motivation on the part of potential clients.

* Centering outreach activities in the potential client's natural environment (home visits, meetings with groups, etc.) is an even more active stance which takes VR services directly to the client to initiate interest and motivation.

Who Conducts Outreach Activities?

Outreach activities can be conducted by several different groups including the VR counselor, referral agency staff, and paraprofessional/peer staff.

Options for Staffing the Outreach Program

* VR counselors are the most knowledgeable about VR services and are probably particularly effective with potential clients who are already motivated to seek services.

* Referral agency staff have the advantage of having established contact with potential VR clients. However, they may be less knowledgeable about VR services and less skilled in identifying those potential clients who can benefit from VR services. Use of referral staff requires ongoing communication with VR agency staff.

* Paraprofessionals or peers who are members of the same disability group as the potential VR clients can be effective staff for outreach programs. They can help communicate needs to the VR agency, suggest effective outreach strategies, identify individuals in the disability group, and, most importantly, relate effectively to potential clients.

Type of Communication

The method of communicating with clients is a final decision related to designing outreach strategies. Three types of communication to consider are individual, group, and media.

Method of Communicating in Outreach Programs

* Individual communication occurs in individual interviews with potential clients. It has the advantage of allowing the client to clarify information and to express feelings about seeking VR services. It has the disadvantage of being time consuming.

* Group communication increases the efficiency of outreach by reaching larger numbers of potential clients. This technique can be targeted to formal groups such as client advocacy groups or informal groups such as a group of potential clients who have requested information from the local VR office. Group communication allows for interaction among group members which can clarify concerns and provide peer group support. Its disadvantages are that it may be difficult to schedule group meetings and that some individuals may be hesitant to communicate in a group sitatuion.

* Media communication includes several outreach techniques such as written materials, audio-visual aids, radio and television. This is one-way communication which can be effective in communicating general information about VR services to large numbers of people. Its disadvantages are that it allows no opportunity for clarification, it may encourage ineligible clients to apply for service, and it informs rather than motivates.

Designing an Outreach Strategy for Your Agency

The "Outreach Strategy Planning Form" on page 71 will help guide the process of designing your specific outreach strategy. To design your strategy, complete these planning steps and record your decisions on the form.

Review Needs	* Review the needs of your selected disability group
Review Level	* Review the level of outreach selected in the goal setting activity (gradual or full-scale)
Select Outreach Stage	* Select one of the four outreach stages from active to passive based on client needs and your selected outreach goals (see page 69 for description of four stages)
Awareness of Need	* Determine the general level of awareness of need for service among potential clients in the selected target group (from high to low awareness of need)
Select Setting	* Select the setting in which the outreach activity will occur (local VR office, satellite office, or in potential clients' natural environment). You may want to use more than one setting
Select Staffing Patterns	* Select the staffing pattern for your outreach activity (VR staff, referral agency staff or paraprofessional/ peers from the disability group). You may want to use more than one type of staff
Select Type of Communication	* Select the type of communciation to be used (individual group, or media). You may want to use more than one type of communication

OUTREACH STRATEGY PLANNING FORM

Disability Group: _____

Level of Outreach: Gradual _____ Full-Scale _____

Outreach Stage: Stage 1 _____ Stage 2 _____ Stage 3 _____ Stage 4 _____

Potential Clients' Awareness of Need:

High _____ Mod. High _____ Moderate _____ Mod. Low _____ Low _____

Description of Setting:

Description of Staffing:

Type of Communication:

EVALUATING OUTREACH ACTIVITIES

A final step in the identification and recruitment process is to evaluate outreach activities to determine their impact on the number of VR clients served and the quality of services to those clients. As has been suggested in this guide, there are a variety of outreach goals and procedures. The goals and procedures used in a specific outreach activity will determine the evaluation procedures to be used in evaluating that program.

There are two levels of evaluation which can be used to evaluate outreach activities. The first level of evaluation examines the broad impact of the outreach activity on agency service indicators. The second level examines the impact of the outreach activity on specific client and/or referral staff outcomes.

Level I: Broad Program Impact

All identification and recruitment activities are intended to impact upon the planning and achievement of the VR agency's service goals. The following results can be supported through outreach efforts:

Broad Goals of All Outreach Activities

* Increase the equity of VR services to various disability groups. (The actual number of clients served for each disability group will more closely reflect the percentage of the disability groups found in the total potential VR population)

Broad Goals of All Outreach Activities

* Achieve agency service goals for identified priority disability groups. (The actual number of clients served for an identified priority group will meet the projected service goals for that group)

* Potential clients who apply for VR service will be eligible and will be motivated to complete the VR process. (Reduce the number of 08 closures)

* Potential clients who apply for service will benefit from service. (Increase the number of 26 closures)

These broad goals can be evaluated using the existing agency data. By analyzing information related to these four goals, it is possible to determine the effectiveness of specific outreach activities. However, more evaluation information is needed before making specific management decisions about outreach efforts.

Level II: Client and Referral Staff

The second level of evaluation focuses on the specific client and/or referral agency staff outcomes which result from the outreach goals which were listed in the "Setting Outreach Goals" section of this guide. The following are broad areas of outcome which might be used to develop goals and evaluation criteria.

Areas of Client Outcomes

* Knows about VR services

* Is committed to participating in VR process

* Is motivated to seek VR services

* Has goal of independent functioning

Areas of Client Outcomes	* Sees employment as a feasible goal for self
	* Is aware of barriers to employment
	* Seeks VR services before onset of secondary disability
	* Knows about VR services
	* Knows VR priority group
Areas of Referral Staff Outcomes	* Identifies vocational needs of clients as related to VR services
	* Provides active support to clients in seeking VR services
	* Works cooperatively with VR to support the rehabilitation process

Some of the outcome areas can be evaluated using existing case record information. However, other outcome areas will require special data collection procedures. For example, the referral staff outcome, "Provides active support to clients in seeking VR services," can be evaluated using existing data which describes the number of clients referred by the referral source. The referral staff outcome, "Knows about of VR services," could be evaluated only through additional data collection such as a questionnaire.

Why Use Both Levels of Evaluation?

It is important to use both levels of evaluation if your agency is to understand thoroughly the impact of existing outreach activities and plan for further outreach activities. Level I evaluation gives a broad indication of how successful an outreach activity has been. However, further information gained through Level II evaluation provides specific suggestions about how to improve outreach programs.

Using Evaluation Information for Further Outreach Planning

Outreach activities are intended to recruit potential VR clients who are both eligible and can benefit from service. It has been suggested that these efforts can be viewed on a continuum from active (early, direct intervention before the onset of secondary disabilities) to passive (public relations about services with no direct contact). Also, outreach efforts can be viewed on a continuum from gradual (targeted to a small group) to a full-scale (targeted to the total agency service area).

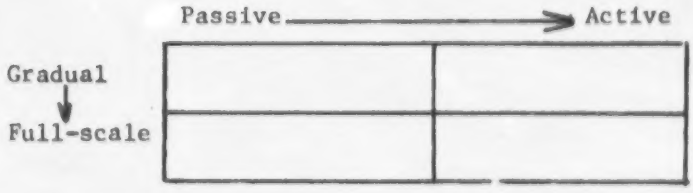


Figure 4. Basic outreach model.

Figure 4 shows the basic outreach model. An ideal outreach program can be viewed as an active, full-scale program. Such a program would motivate a large number of potential clients to seek service at a time when they could most benefit and when service costs and resources required to serve them would be the least.

As your agency management team reviews evaluation information for a specific outreach activity, this outreach model (Figure 4) can guide the decision process. These decisions are possible:

Outreach Program Decisions

* If the evaluation information indicates that the outreach program is not effective, you can decide to make further efforts more gradual, more passive, or both more gradual and passive
* If the evaluation information indicates that the outreach effort is effective, you might decide to make the program more active, more full-scale, or both more active and full-scale

A Tentative Evaluation Plan for Your Agency

Completion of the folloiwng steps will help you develop an evaluation plan for your agency's outreach activity. Use the "Outreach Evaluation Plan" on page 79 to record your planning.

Steps in Outreach Evaluation Design

* Review your outreach goals and revise if needed
* Select Level I evaluation indicators which will be used to evaluate your outreach activity. Select at least two of these indicators

* List your specific client and/or referral staff goals and develop a description of the evaluation data to be used to evaluate each

Steps in Outreach Evaluation Design

* Collect evaluation data

* Make management decisions using the Outreach Model (Figure 4) to guide your decisions

OUTREACH EVALUATION PLAN

Level I: Indicators (select at least two)

_____1. The actual number of clients served for each disability group will more closely reflect the percentage of that disability group found in the total potential VR population

_____2. The actual number of clients served for an identified priority group will meet the projected service goals for that group

_____3. The number of 08 closures will be reduced

_____4. The number of 26 closures will be increased

Level II: (State each of your specific client/referral staff goals and describe the evaluation data to be used for each)

Goal:

Evaluation Data:

Goal:

Evaluation Data:

(Use additional sheet for other goals)

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